

Guam Board of Medical Examiners



Administrative Rules and Regulations

Effective Date: December 26, 2001

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GUAM BOARD OF MEDICAL EXAMINERS
ADMINISTRATIVE RULES AND REGULATIONS

Effective Date: December 26, 2001

**AN ACT TO REPEAL §12206 – 12228, RECODIFY §12201 –
12205 AND ADD ARTICLE 2 TO CHAPTER 12, ALL TO TITLE
10 OF THE GUAM CODE ANNOTATED, RELATIVE TO
PROVIDING FOR A PHYSICIANS PRACTICE ACT**

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EFFECTIVE DATE: May 13, 1998

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(The following Rules and Regulations were approved December 26, 2001)

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ARTICLE I

GENERAL PROVISIONS

SECTION 1	STATEMENT OF POLICY
SECTION 2	MISSION STATEMENT
SECTION 3	....	BOARD MEMBERSHIP

Section 1: Statement of Policy.

The practice of medicine is a privilege granted by the people through their representatives. It is not the natural right of individuals. In the interests of public health, safety and welfare, and to protect the public from the unprofessional, improper, incompetent, unlawful, fraudulent and/or deceptive practice of medicine, the primary responsibility and obligation of the Guam Board of Medical Examiners is to protect the people of Guam.

Section 2: Mission Statement.

Based on the authority granted by the Guam Code Annotated, Title 10, Chapter 12, Section 12216, the mission of the Guam Board of Medical Examiners is to protect the people of Guam through the licensing of physicians, assessing their competence to practice and to investigate all complaints against its licensees.

Section 3: Board Membership.

- A. There is established, in and for the government of Guam, a Guam Board of Medical Examiners (the 'BOARD') composed of seven (7) members appointed by I Maga'lahaen Guahan.
- B. At least six (6) of the seven (7) members shall be physicians licensed in Guam, shall be persons of recognized professional ability and integrity, and shall have practiced in Guam for at least five (5) years. All members shall be citizens or permanent residents of the United States who have resided in Guam for five (5) years. One (1) of the physician Board members shall be the Medical Director of the Guam Memorial Hospital Authority

(GMHA) who meets the above criteria. Otherwise, I Maga'lahaen Guahan shall appoint a qualified physician from the GMHA staff. Provided that the initial members appointed under this Article, appointments shall be made so that three (3) members of the Board, sitting or newly appointed, shall serve for two (2) years, and four (4) members, sitting or newly appointed shall serve for a term of four (4) years, until a successor is appointed and qualified. No member shall serve more than three (3) consecutive terms.

- C. The members of the Board sitting at the date of enactment of P.L. 24-208 who meet the requirements and limitations placed upon membership shall remain in office until the expiration of their respective terms. When a vacancy occurs, I Maga'lahaen Guahan shall appoint a new member within sixty (60) days of the commencement of the vacancy.
- D. Members of the Board shall receive a stipend and be compensated in the amount of Fifty Dollars (\$50.00) for attending a Board meeting, not to exceed One Hundred Dollars (\$100.00) a month.

ARTICLE II

DEFINITION OF TERMS

SECTION 1 DEFINITIONS

Section 1: Definitions.

- A. "Approved Internship Program" or "Internship" means that the program in which the training occurred or is being conducted has been approved for internship training for physicians or for graduates of a school of naturopathic medicine by the Board or was approved or accredited by an educational or professional association or by another state's agency recognized by the Board.
- B. "Board" or "Board of Medical Examiners" means the Guam Board of Medical Examiners.
- C. "Completed Application" means that the applicant paid the required fees and supplied all documents and information as requested by the Board and in a manner acceptable to the Board.
- D. "Physician" means a person who is currently licensed to practice medicine in Guam.
- E. "Physician Assistant" means a person who is a graduate of an academic program approved by the Board of Allied Health Examiners (GBAH) who, by general education, practical training and experience determined to be satisfactory by the GBAH, and is qualified to perform medical services under the supervision of a supervising physician.
- F. "Practice of Medicine" In addition to Section 12202 of Article 2, Chapter 12, the practice of medicine means:
 - (a) to diagnose, treat, correct, prevent or prescribe for any human disease, ailment, injury, infirmity, deformity or other condition, physical or mental, by any means or instrumentality;
 - (b) to apply principles or techniques of medical science in the diagnosis or the prevention of any such conditions;
 - (c) to perform any of the acts described in (a) and (b) by using equipment that transfers information concerning the medical

- condition of the client electronically, telephonically or by fiber optics;
- (d) to offer, undertake, attempt to do or hold oneself out as able to do any of the acts described in (a) and (b);
- (e) to use in connection with a person's name the words or letters "M. D.", or any other title, word, letter or other designation intended to imply or designate him as a practitioner of medicine in any of its branches, except in the manner authorized by the Physician Practice Act.
- G. "Supervising Physician" means a Guam active licensed physician who cosigns the application for licensure of a physician assistant or advanced registered nurse practitioner and who employs and supervises the physician assistant or advanced registered nurse practitioner.
- H. "Specialist" means a physician who has successfully completed approved postdoctoral training, who is certified by a specialty Board of examiners recognized by the Board to practice the specialty.

ARTICLE III

LICENSURE

SECTION 1	REQUIREMENTS AND QUALIFICATIONS FOR EXAMINATION
SECTION 2	REQUIREMENTS AND QUALIFICATIONS FOR TEMPORARY LICENSE
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Section 1: Requirements and Qualifications for Examination.

- A. The Board administers the Step 3 of the United States Medical Licensing Examination also known as the U.S.M.L.E. at the times established by the Federation of State Medical Boards of the U.S.
- B. Applicants for examination must furnish evidence of meeting the following United States Medical Licensing Examination (USMLE) Step 3, Qualifications and Requirements sponsored by the Guam Board of Medical Examiners:
 - (a) have obtained the M.D. or D.O. degree from a Board approved medical or osteopathy school program; and
 - (b) have passed U.S.M.L.E Step 1 and Step 2.
 - (c) have completed a minimum of two years of postgraduate training in the United States approved by the Accreditation Council for Graduate Medical Education (ACGME). Training must be complete prior to submitting an application for the USMLE Step 3 CBT; and

- (d) provide verification of licensure from all jurisdiction(s) in which the applicant has been licensed and is currently licensed. Verification of any action taken by any licensing Board must be submitted. This includes denial, suspension, or termination of licensure, and any malpractice judgment or settlement.
- C. Applicants who desire to take the USMLE Step 3 examination sponsored by the Board of Medical Examiners must submit the following:
 - (a) a completed and notarized application with a 2X2 passport sized photo, signed and dated. Photo must have been taken within the past three months;
 - (b) certificate of Medical Education form with transcript from a medical school program indicating graduation date and degree earned;
 - (c) verification of completion of postgraduate training form;
 - (d) verification of license from appropriate governing body;
 - (e) payment of appropriate examination fee. Fee does not include candidate fee charged by USMLE.
- D. Applicants who desire to take the USMLE Step 3 examination sponsored by the Board of Medical Examiners who are graduates of a foreign medical school must submit the following:
 - (a) a completed and notarized application with a 2X2 passport sized photo, signed and dated. Photo must have been taken within the past three months;
 - (b) Certificate of Medical Education form with transcript from a medical school program indicating graduation date and degree earned; verification of graduation from a foreign medical school program registered with the World Health Organization, with official transcript, translated in English, if not in the English language;
 - (c) verification of completion of at least two (2) years residency program within the United States;
 - (d) original verification from Educational Commission for Foreign Medical Graduates (ECFMG);
 - (e) verification of eligibility for license in the country of training;
 - (f) payment of appropriate examination fee. Fee does not include candidate fee charged by USMLE.
- E. Within twenty-one (21) days after the Guam Board of Medical Examiners has received notification of the Step 3 score, the

Board shall notify the applicant in writing of his or her score. No verbal notification of a Step 3 score will be given. A score of 75 is passing for USMLE Step 3 for the Guam Board of Medical Examiners.

- F. **DISCLAIMER:** Eligibility to sit for the United States Medical Licensing Examination (USMLE) Step 3 does NOT signify eligibility for licensure in Guam.

Section 2: Requirements and Qualifications for Temporary License.

- A. The Board may issue a Temporary License to practice medicine in Guam to an applicant who,
- (a) has passed a medical licensing examination as required for full license;
 - (b) has a current, unrestricted medical license in another state, the District of Columbia, a territory or possession of the United States or Canada, and;
 - (c) the following documents pending arrival of other documents required for licensure:
 1. application form for Licensure (GBME-1), completed and notarized;
 2. notarized copy of a current U.S., U.S. territory license;
 3. 2" X 2" signed and dated photograph taken within the past three (3) months;
 4. payment of appropriate fee;
 5. a letter of endorsement to practice in Guam from a currently licensed physician practicing in Guam;
 6. completed Questionnaire;
 7. National Practitioner Data Bank, Healthcare Integrity and Protection Data Bank and FSMB Report, and
 8. detailed Practice Plan.
- B. The temporary license is valid only for a period of three (3) months and is non-renewable.
- C. The temporary license becomes null and void upon issuance of a regular medical license, upon expiration, or upon withdrawal by Board action.
- D. It is the responsibility of the applicant to ensure that the Board receives all required documents prior to the expiration date of the temporary license.

- E. An applicant with current or previous disciplinary or Board action(s) or reports shall be requested to make a personal appearance for interview to explain his/her standing.

Section 3: Requirements and Qualifications for Limited Licensure for Physicians in Graduate Training.

The Board may issue a limited license to an applicant who is in a Board approved graduate training program medicine for educational purposes and is not fully licensed to practice and meets the following:

- A. The applicant completed all requirements for full and unrestricted medical license except graduate education and /or licensing examination.
- B. The application for limited licensure should be made through a Board approved institution which will supervise the applicant's graduate training, and which will verify the applicant's satisfaction of the requirements for limited licensure. The demonstrated failure of an approved supervising institution to properly and effectively verify an applicant's satisfaction of the requirements for limited licensure is grounds for the Board, at its discretion, to withdraw or limit its approval of that institution for graduate training until such time as the institution can demonstrate to the Board's satisfaction the implementation of an acceptable verification process. Proof of an institution's failure to properly and effectively verify that an applicant has satisfied the requirements for limited licensure should be established by the presence in graduate training or completion of graduate training by an individual whose medical or other required documents or credentials are shown to be fraudulent or to have been obtained through fraud, deception, or dishonesty.
- C. The Board may renew the limited license annually, until such time as the Board's regulations require full and unrestricted medical licensure, upon the written recommendation of the supervising institution, which shall include a written performance evaluation.
- (a) A limited license automatically terminates at the end of each academic year of training, unless the Board receives prior to thirty (30) days before such annual termination date, notification from the licensee and health care facility and medical supervisor. The limited license duration may be up

- to two years or for the duration of a specific and single hospital training program, whichever ends first.
- (b) Based upon educational qualification or other factors deemed relevant by the Board, the Board may, in its discretion, grant a limited license for a time period shorter than one year.
- D. Institutions responsible for graduate training must make a written report to the Board if any person with a limited license:
 - (a) is the subject of any disciplinary action by the institution, whether for academic, clinical or ethical reasons;
 - (b) does not advance in the institution's program in accordance with the institution's program requirements; or
 - (c) is dropped from the institution's program for unsatisfactory performance, whether academic, clinical, or ethical.
 - E. The disciplinary provisions of the Physicians Practice Act should apply to the holders of the limited license as if he held a full and unrestricted medical license.
 - F. The issuance of a limited license should not be interpreted to imply that a full and unrestricted medical license would be issued at any future date.
 - G. A candidate with a limited license shall not imply that a full and unrestricted medical license will be issued at any future date.
 - H. All limited-license physicians must have a sponsoring physician with an unrestricted Guam Board of Medical Examiners license. The limited licensee must practice only under appropriate supervision by the sponsoring physician.
 - I. A limited license authorizes a limited licensee to practice medicine only in the training program or at the health care facility designated on the limited license or at the facility's approved affiliates. A limited licensee may practice medicine only under the supervision of a full and unrestricted licensee.
 - J. A limited licensee may practice outside the health care facility designated on the license, but only for the treatment of persons accepted by the designated health care facility as patients and only under the supervision of the designated health care facility's medical officers who is authorized.
 - K. The Board will not issue more than one limited license to a person at a time. In the event that a limited licensee terminates his appointment at a health care facility or his participation in a training program prior to the limited license's expiration date, the limited licensee shall submit to the Board a written notice of termination which sets forth the reasons for the termination and is

- signed by the supervising physician or administrator of the training program.
- L. Any deviation from these restrictions constitutes grounds for immediate termination of the limited license by the Guam Board of Medical Examiners.

Section 4: Requirements and Qualifications for Special License:

The Board may issue a special license to practice medicine in Guam to an applicant who was licensed under the provisions prior to the establishment of the National Board of Medical Examiners and who currently hold a full and unrestricted license in the United States, or its territories.

- A. Must meet all other requirements as stated for Full Licensure.
- B. The Special License shall be valid for a period not to exceed one (1) calendar year. It may be re-issued for another one (1) calendar year should the service continue to be needed.
- C. The Guam Board of Medical Examiners may issue a Special License based on the established criteria of community need and qualified applicant.
 - (a) Community Need: The Guam Board of Medical Examiners shall assess and establish that the community needs the services of a Doctor of Medicine or Osteopathic Doctor specialist because such service is either lacking or partially met in the community.
- D. The applicant shall provide a "Practice Plan" which will demonstrate how his or her specialty will benefit the community-at-large.
- E. The applicant shall have practiced actively in the U.S., its territories or possession or Canada in his or her area of specialty for a minimum of three (3) consecutive years prior to application.
- F. The disciplinary provisions of the Physicians Practice Act shall apply to the holders of the Special License as if he or she held a full and unrestricted medical license.

Section 5: Requirements and Qualifications for Full Licensure.

The Board may issue a full and unrestricted license to practice medicine in Guam to an applicant who meets or exceeds the following:



- (A.) An applicant who possess the degree of Doctor of Medicine or Osteopathy from a medical college or school located in the United States, its territories or possessions, or Canada that was approved by the Board at the time the degree was conferred. No person who graduated from a medical school that was not so approved at the time of graduation should be examined for licensure, or be licensed in Guam based on credentials or documentation from that school nor shall that person be licensed by endorsement or reciprocity;
- B. The applicant shall have successfully completed the years of residency required for admission to the specialty examination, or hold a current American Board certification, in one of the specialties recognized by the American Board of Medical Specialties (ABMS) or the National Board of Examiners for Osteopathic Physician and Surgeons. These educational requirements shall be those in effect by the American Specialties Board and the Board for Osteopathic Physician and Surgeons, at the time the applicant completed his post graduate training. The applicant shall have satisfactorily completed at least thirty-six (36) months of progressive postgraduate medical training approved by the Board or by a private nonprofit accrediting body approved by the Board in an institution in the United States, its territories or possessions, or Canada approved by the Board or by a nonprofit accrediting body approved by the Board.
- C. The applicant must have passed both components of the FLEX examination with a weighted average score on both components of at least 75, and beginning in 1986, with a score of 75 on each component; alternatively, an applicant must be a Diplomate of the National Board of Medical Examiners or pass the following combinations of examination:
- (a) Both Component 1 and Component 2 of the FLEX; or
 - (b) Part 1, Part 11 and Part 111 of the NBME; or
 - (c) All parts of the examination of the National Board of Examiners for Osteopathic Physician and Surgeons of the American Osteopathy Association; or
 - (d) Step 1, Step 2, and Step 3 of the USMLE; or
 - (e) NBME Part 1 and Part 11 and USMLE Step 3; or
 - (f) NBME Part 1 and USMLE Step 2 and USMLE Step 3; or
 - (g) USMLE Step 1 and NBME Part 2 and USMLE Step 3; or
 - (h) FLEX Component 1 and USMLE 3, or

- (i) Other examination recognized as the national standard by the Federation of State Medical Boards.
- D. The applicant may be required to take the Special Purpose Examination (SPEX) if the applicant has not been in active medical practice for the past seven (7) years or if the last examination was taken more than ten (10) years ago as per 10GCA, Title 10, Chapter 12, Article 2, Section 12207.
- E. The applicant may be required to make a personal appearance before the Board for interview, examination or review of credentials. The applicant may also be required to present his or her original medical education credentials for inspection at the time of personal appearance.
- F. The applicant shall provide the Board and attest to the following information and documentation in a manner required by the Board:
- (a) his or her full name and all aliases or other names ever used, current address, social security number, and date and place of birth;
 - (b) a recent signed photograph, a set of fingerprints of the applicant, if requested, and a sample of handwriting;
 - (c) originals of all documents and credentials required by the Board, or notarized photocopies or other verification acceptable to the Board of such documents and credentials;
 - * (d) a list of all jurisdictions, United States or foreign, in which the applicant is licensed, or has applied for licensure to practice medicine, or is authorized or has applied for authorization to practice medicine;
 - (e) a list of all jurisdictions, United States or foreign, in which the applicant has been denied licensure or authorization to practice medicine or has voluntarily surrendered a license or an authorization to practice medicine;
 - (f) a list of all sanctions, judgments, awards, settlements or convictions against the applicant in any jurisdiction, United States or foreign, that would constitute grounds for disciplinary action under this Chapter and its rules;
 - (g) a detailed educational history, including places, institutions, dates and program descriptions of all his or her education, beginning with secondary schooling and including all college, pre-professional, professional and professional postgraduate education;

- (h) a detailed chronological life history, including places and dates of residence, employment and military service, United States or foreign; and
 - (i) any other information or documentation the Board determines necessary.
- G. The applicant is responsible for verifying to the satisfaction of the Board the validity of all credentials required for his or her medical licensure. The Board shall review and verify medical credentials and screen applicant records through recognized national physician information services (e.g. the Federation of State Medical Boards' Board Action Data Bank and Credentials Verification Service, the files of the American Medical Association and the American Osteopathic Association, and other national data banks and information resources).

Section 6: Requirements and Qualifications for Renewal of License.

- A. Unrestricted medical licenses must be renewed biennially, every odd numbered year.
- B. An applicant may be issued a license for renewal upon submission of the following required documents and approval of the Board.
 - (a) Submission of completed renewal application form;
 - (b) Submission of evidence of Continuing Medical Education which indicate completion of a minimum of (100) credit hours of Continuing Medical Education over the past two (2) years, 50% must be in Category 1. (Copies of Category I Certificates must be submitted with renewal application);
 - (c) Submission of any action(s) taken against the licensee;
 - (d) Payment of renewal fee;
 - (e) Deadline for receipt of renewal application by the Board is October 31st. of the odd numbered (renewal) year.
- C. The requirement of submission of evidence of Continuing Medical Education include the submission of current and valid certification from any authorized accrediting association, such as the Physician Recognition Award from the American Medical Association which may include the following categories:
 - CATEGORY 1 Continuing Medical Education activities accredited by the American Medical Association and other activities approved in

advance by the Guam Medical Society. A minimum of 50% of the credit hours reported should be in this category.

- CATEGORY II Continuing Medical Education Activities with non-accredited sponsorship.
 - CATEGORY III Medical Teaching credit may be claimed for contact hours of teaching of medical students, interns, residents, and allied health professionals.
 - CATEGORY IV Papers, Publications, Books and Exhibits; ten (10) credit hours may be claimed for each paper published or given before a medical audience.
 - CATEGORY V Credit hours may be claimed for time spend with self-instruction activities (journal reading, studying medical audiovisual material), patient care review and self-assessment examinations.
 - CATEGORY VI Other Meritorious Learning Experiences. These are activities which do not fit into the other five (5) categories but which the applicant feels represent valid continuing medical education. Submit a description of the activity for review by the Board.
- D. All continuing medical education categories must be satisfactory to the Board.
 - E. Applications for renewal shall be mailed by August 1st of the renewal period to the last known address of the licensee. Each licensee shall promptly notify the Board, in writing, of all changes of address. Any mailing or notice from the Board shall be considered to be served on the licensee when sent to the last address on file with the Board. Failure to receive the application form shall not relieve the licensee of the responsibility for renewing the license by the renewal date.
 - F. Any person practicing medicine after the expiration date or during the time a license has lapsed shall be considered an illegal practitioner and shall be subject to prosecution under the provisions of 10GCA, Chapter 12.
 - G. The penalty period for late renewal is up to March 1st immediately following the expiration date for the last renewal cycle. During this period, the penalty fee for late renewal applies.

H. After the late renewal day of March 1st, the license becomes inactive. A licensee with an inactive license may not practice medicine in Guam. An inactive license may be restored within six (6) years from the date of inactive status.

I. A licensee who was placed on inactive status may be reactivated subject to the Boards' approval, upon payment of the reinstatement fee, continuing education requirements and submission of an application as required by the Board. A physician requesting reinstatement must be able to demonstrate to the satisfaction of the Board that he or she has maintained current knowledge, skill and proficiency in the practice of medicine. The Board shall require a mental and physical evaluation.

Section 7: Duplicate Licenses.

- A. Duplicate licenses may be issued upon approval by the Board, if the original license is lost, stolen, or destroyed, or if the licensee has had a legal change of name.
- B. To request for a duplicate license, the licensee must submit a notarized application which includes the reason the duplicate license is requested. If the application results from a change of name, the licensee must submit a notarized application which includes the reason the duplicate license is requested. If the application results from a change of name, the licensee must submit a copy of the official document (marriage certificate, divorce decree or court order) indicating name change, date and place of change. If the name change occurred during naturalization, the application must also include the naturalization number, name and address of the court and the date naturalization and the name change. All applications must include the fee.

(The following Rules and Regulations were approved December 26, 2001)

ARTICLE IV

COLLABORATING OR SUPERVISING PHYSICIANS

SECTION 1 MEDICAL SERVICES SUPERVISION

SECTION 2 LIMITED NUMBER FOR SUPERVISION

Section 1: Medical Services Supervision.

- A. A physician shall not collaborate or supervise with an advanced registered nurse practitioner, physician assistant or clinical psychologist unless the physician holds an unlimited active license to practice medicine and actually practice medicine in Guam.
- B. No physician may collaborate or supervise advanced registered nurse practitioner, physician assistant or clinical psychologist whose scope of practice or medical competence is other than his scope of practice.
- C. The collaborating or supervising physician or his alternate physician shall be available at all times that the advanced registered nurse practitioner, physician assistant or clinical psychologist is providing medical services to provide consultation. Those consultations may be indirect, including, without limitation, by telephone.
- D. The collaborating physician or supervising physician shall, at least once a month, spend part of a day at any location where medical services is provided, to act as consultant to the advanced registered nurse practitioner, physician assistant or clinical psychologist and to monitor the quality of care provided.
- E. The collaborating or supervising physician shall develop and carry out a program to ensure that quality of care provided by an advanced registered nurse practitioner, physician assistant or clinical psychologist. The program must include, without limitation:
 - (a) An assessment of the medical competency of the advanced registered nurse practitioner, physician assistant or clinical psychologist;

- (b) A review and initialing of selected charts;
 - (c) An assessment of a representative sample of referrals or consultations made by the advanced registered nurse practitioner, physician assistant or clinical psychologist with another health professional as required by the condition of the patient;
 - (d) Direct observation of the ability of the advanced registered nurse practitioner, physician assistant or clinical psychologist to take a medical history from and perform an examination of patients; and
 - (e) Maintenance of accurate records and documentation of the program for each advanced registered nurse practitioner, physician assistant or clinical psychologist with whom the physician collaborated.
- F. The collaborating physician shall ensure that the advanced registered nurse practitioner, physician assistant or clinical psychologist:
- (a) Does not use presigned prescriptions; and
 - (b) Practices in strict compliance with the Federal and local laws and regulations of the Guam Board of Pharmacy regarding prescriptions, controlled substances, dangerous drugs and devices and in consistent with 10GCA, Chapter 12, Article 8, Section 12827. "Prescriptive Authority for Allied Health Professionals" and 10GCA, Chapter 12, Division 1, Part 1, Section 12313 "Advanced Practice Registered Nurse".
- G. The medical director of a practice that is specific to a site including, without limitation, a facility for skilled nursing or a hospital may act as a collaborating physician to an advanced registered nurse practitioner, physician assistant or clinical psychologist who works at the practice. A medical director acting as a collaborating physician may allow the advanced registered nurse practitioner, physician assistant or to evaluate and care for patients under the direction of an attending physician who is not the collaborating physician.
- H. No person may act as a collaborating physician unless he has been approved by the Board and has paid the required fee.
- I. Each collaborating physician shall submit to the Board a protocol regarding the collaboration which must be established by the collaborating physician and the advanced registered nurse practitioner, physician assistant or clinical psychologist. The protocol must not include any medical service that the advanced

registered nurse practitioner, physician assistant or clinical psychologist is not qualified to perform. The protocol must include, without limitation:

- (a) The name and address of each location at which they will practice.
 - (b) A description of the medical services to be performed, including, without limitation, those medical services to be performed in the office of the collaborating physician, in a hospital and in other locations; and
 - (c) A list of any poisons, dangerous drugs or devices which the collaborating physician prohibits the advanced registered nurse practitioner, physician assistant or clinical psychologist to prescribe, possess, administer or dispense in or outside of the presence of the collaborating physician.
- J. The medical services that an advanced registered nurse practitioner or physician assistant clinical psychologist may perform while collaborating with a physician must be:
- (a) Set forth in the protocol required pursuant to subsection (I);
 - (b) Commensurate with the education, training, experience and level of competence of advanced registered nurse practitioner, physician assistant or clinical psychologist; and
 - (c) Within the scope of practice of the:
 - (1) Advanced registered nurse practitioner, physician assistant or clinical psychologist
 - (2) Certification of the specialty;
 - (3) Collaborating physician.
- K. Each collaborating physician shall notify the Board in writing within 72 hours if he is no longer acting as the collaborating physician for the advanced registered nurse practitioner, physician assistant or clinical psychologist. If the collaborating physician is unable to act as the collaborating physician for an advanced registered nurse practitioner, physician assistant or clinical psychologist, he shall designate a qualified substitute physician to act as a temporary collaborating physician. The scope of practice or medical competence of the temporary collaborating physician must be the same as the scope of practice or medical competence of the original collaborating physician. If the temporary collaborating physician is required to act as the collaborating physician for more than 72 hours, the original collaborating physician shall notify the Board of the designated substitute for approval by the Board.

L. The collaborating physician is responsible for all the medical services performed by the advanced registered nurse practitioner, physician assistant or clinical psychologist and must not allow them to perform any medical services that are not:

- (a) Set forth in the protocol submitted to the Board pursuant to subsection; or
- (b) Within the specialty certification or qualification of the practitioner.

Section 2: Limited Number for Supervision.

A. Except as other wise provided above, a physician must not simultaneously:

- (a) Supervise more than three (3) physician assistant; or
- (b) Collaborate with more than three advanced registered nurse practitioner; or
- (c) Supervise or collaborate with a combination of more than three (3) of the following; advanced registered nurse practitioner, physician assistant and, or clinical psychologist.

(The following Rules and Regulations were approved December 26, 2001)

ARTICLE V

FEES, PAYMENTS AND REFUNDS

SECTION 1 GENERAL INFORMATION

SECTION 2 FEES

Section 1: General information.

The costs of physician health care professional credentialing is supported by members of the profession from its activities, including fees, charges and reimbursed costs. All such revenues, including fines, shall be deposited to the Health Professional Licensing Office Revolving Fund. Fees submitted with applications for credentialing, examinations, renewal, and other fees associated with the licensing and regulation of the profession are nonrefundable. All payments are made payable to the Treasurer of Guam.

Section 2: Fees

The following fees are established by the Board in accordance with 10GCA Article 2, Section 12217:

A. Application Fee	\$150.00
B. License Fee	\$250.00
C. USMLE Step 3 Examination	\$530.00
D. Temporary License	\$125.00
E. License Renewal	\$250.00
F. Late Renewal Penalty Fee	\$150.00
G. Inactive Status	\$300.00
H. Reinstatement of License	\$400.00
I. License Verification	\$ 25.00
J. Re-issuance (duplicate) License Certificate	\$100.00
K. Re-issuance (duplicate) License Card	\$ 20.00
L. Physicians Practice Act	\$ 10.00

M. Physicians Practice Act Admin. R &R _____ \$ 10.00
 N. Photocopy (up to five (5) pages) _____ \$ 4.00
 O. Photocopy (each additional page) _____ \$.50

(The following Rules and Regulations were approved December 26, 2001)

ARTICLE VI

GROUND FOR DISCIPLINARY ACTION

SECTION 1 GROUND FOR ACTION

Section 1: Grounds for Action.

- A. The Board in addition to 10GCA, Chapter 12, Article 2, shall refuse to grant a license to an applicant or to discipline a physician licensed under this law upon finding by the Board that the licensee or applicant has:
- (a) Failed to demonstrate the qualifications or standards for a license contained in this chapter and in 10GCA, Chapter 12, Article 2. It shall be incumbent upon the applicant to demonstrate to the satisfaction of the Board that he meets all requirements for the issuance of a license; and, if the Board is not satisfied as to the applicant's qualifications, it shall not issue a license;
 - (b) Knowingly made misleading, deceptive, untrue, or fraudulent representations in the practice of medicine or in any document connected therewith, or practiced fraud or deceit or intentionally made any false statement in obtaining a license to practice medicine, or made a false or deceptive biennial registration with the Board;
 - (c) Been convicted of a felony in the courts of Guam or any other state, territory, country, or of the United States. As used in this paragraph, the term "conviction of a felony" shall include a conviction of an offense which if committed in Guam would be deemed a felony under either state or federal law, without regard to its designation elsewhere. As used in this paragraph, the term "conviction" shall include a finding or verdict of guilt, a plea of guilty, or a plea of nolo contendere in a criminal proceeding, regardless of whether the adjudication of guilt or sentence is withheld or not entered thereon;

- (d) Committed a crime involving moral turpitude, without regard to conviction; the conviction of a crime involving moral turpitude shall be evidence of the commission of such crime. As used in this paragraph, the term "conviction" shall have the meaning prescribed in paragraph (c) of this subsection. For the purpose of this article, a conviction or plea of guilty or of nolo contendere to a charge or indictment by either federal or local or state government for income tax evasion shall not be considered a crime involving moral turpitude;
- (e) Had his license to practice medicine revoked, suspended, or annulled by any lawful licensing authority; or had other disciplinary action taken against him by any lawful licensing authority, or was denied a license by any lawful licensing authority;
- (f) Engaged in any unprofessional, unethical, deceptive, or deleterious conduct or practice harmful to the public, which conduct or practice need not have resulted in actual injury to any person. As used in this paragraph, the term "unprofessional conduct" shall include any departure from, or failure to conform to, the minimal standards of acceptable and prevailing medical practice and shall also include, but not be limited to, the prescribing or use of drugs, treatment, or diagnostic procedures which are detrimental to the patient as determined by the minimal standards of acceptable and prevailing medical practice;
- (g) Performed, procured, or aided or abetted in performing or procuring a criminal abortion;
- (h) Knowingly maintained a professional connection or association with any person who is in violation of this Chapter or its rules and regulations of the Board; or knowingly aided, assisted, procured, or advised any person to practice medicine contrary to this chapter or to the rules and regulations of the Board; or knowingly performed any act which in any way aids, assists, procures, advises, or encourages any unlicensed person or entity to practice medicine; or divided fees or agreed to divide fees received for professional services with any person, firm, association, corporation, or other entity for bringing or referring a patient;
- (i) Violated or attempted to violate a law, rule, or regulation of Guam, any other state, the Board, the United States, or any other lawful authority without regard to whether the violation

is criminally punishable, which law, rule, or regulation relates to or in part regulates the practice of medicine, when the licensee or applicant knows or should know that such action is violation of such law, rule, or regulation; or violated a lawful order of the Board, previously entered by the Board in a disciplinary hearing;

- (j) Committed any act or omission which is indicative of bad moral character or untrustworthiness;
 - (k) Been adjudged mentally incompetent by a court of competent jurisdiction, within or outside of Guam. Any such adjudication shall automatically suspend the license of any such person and shall prevent the re-issuance or renewal of any license so suspended for as long as the adjudication of incompetence is in effect unless the Board, upon a finding that the licensee is mentally competent, orders otherwise. Any applicant who has been so adjudged to be mentally incompetent shall not receive a license unless the Board, upon a finding that the applicant is mentally competent, orders otherwise; or
 - (l) Become unable to practice medicine with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material, or as a result of any mental or physician condition.
- B. In enforcing this paragraph the Board may, upon reasonable grounds, require a licensee or applicant to submit to a mental or physical examination by physicians designated by the Board. The results of such examination shall be admissible in any hearing before the Board, notwithstanding any claim of privilege under a contrary rule of law or statute. Every person who shall accept the privilege of practicing medicine in Guam or who shall file an application for a license to practice medicine in Guam shall be deemed to have given his consent to submit to such mental or physical examination and to have waived all objections to the admissibility of the results in any hearing before the Board, upon the grounds that the same constitutes a privileged communication. If a licensee or applicant fails to submit to such an examination when properly directed to do so by the Board, unless such failure was due to circumstances beyond his control, the Board may enter a final order upon proper notice, hearing, and proof of such refusal. Any licensee or applicant who is prohibited from practicing medicine under this paragraph shall at a reasonable

intervals be afforded an opportunity to demonstrate to the Board that he can resume or begin the practice of medicine with reasonable skill and safety to patients.

- C. For the purposes of this paragraph, the Board may, upon reasonable grounds, obtain any and all records relating to the mental or physical condition of a licensee or applicant, including psychiatric records; and such records shall be admissible in any hearing before the Board, notwithstanding any privilege under a contrary rule of law or statute. Every person who shall accept the privilege of practicing medicine in Guam or who shall file an application to practice medicine in Guam shall be deemed to have given his consent to the Board's obtaining any such records and to have waived all objections to the admissibility of such records in any hearing before the Board, upon the grounds that the same constitute a privileged communication.
- D. If any licensee or applicant could, in the absence of this paragraph, invoke a privilege to prevent the disclosure of the results of the examination provided for in subparagraph B. of this paragraph or the records relating to the mental or physical condition of such licensee or applicant obtained pursuant to subparagraph C. of this paragraph, all such information shall be received by the Board in camera and shall not be disclosed to the public, nor shall any part of the record containing such information be used against any licensee or applicant in any other type of proceeding.
- E. Findings.
- (a) When the Board finds that any person is unqualified to be granted a license or finds that any person should be disciplined pursuant to subsection A. , the Board in addition to 10GCA, Chapter 12, Article 2, Section 12209, may take any one or more of the following actions:
1. Refuse to grant a license to an applicant;
 2. Administer a public or private reprimand, provided that a private reprimand shall not be disclosed to any person except the licensee;
 3. Suspend any license for a definite period;
 4. Limit or restrict any license;
 5. Censure, including specific redress, if appropriate;
 6. Chastisement;
 7. Monetary redress to another party;

8. Satisfactory completion of an educational training and/or treatment program or programs;
9. Fine;
10. Payment of disciplinary costs;
11. Revoke any license; or
12. Condition the penalty, or withhold formal disposition, upon the physician's submission to the care, counseling, or treatment or physicians or other professional persons, and the completion of such care, counseling, or treatment, as directed by the Board.

The Board at its discretion may take such actions singly or in combination as the nature of the violation requires.

- (b) In addition to and in conjunction with the actions enumerated pursuant to paragraph A, (a) of this subsection, the Board may make a finding adverse to the licensee or applicant but withhold imposition of judgment and penalty; or it may impose the judgment and penalty but suspend enforcement thereof and place the physician on probation, which probation may be vacated upon noncompliance with such reasonable terms as the Board may impose.
- F. In its discretion, the Board may restore and reissue a license to practice medicine issued under this chapter or any antecedent law and, as a condition thereof, may impose any disciplinary or corrective measure provided in this chapter.
- G. The Board is vested with the power and authority to make, or cause to be made through employees or agents of the Board, such investigations as he, or any district attorney may deem necessary or advisable in the enforcement of this chapter. Any person properly conducting an investigation on behalf of the Guam Board of Medical Examiners shall have access to and may examine any writing, document, or other material, except that as to which privilege has not been denied or deemed waived by this chapter, and which is deemed by the Board.

ARTICLE VII

DISCIPLINARY PROCEEDINGS

SECTION 1	....	BOARD AUTHORITY
SECTION 2	....	INTERPRETATIONS FOR PURPOSE OF DISCIPLINARY ACTION
SECTION 3	....	REPORTING POSSIBLE VIOLATIONS TO THE BOARD
SECTION 4	....	PROTECTION COMMUNICATION
SECTION 5	....	IMMUNITY

Section 1: Board Authority.

The Board is empowered to commence legal action to enforce the provisions of the Medical Practice Act and to exercise full discretion and authority with respect to disciplinary actions.

Section 2: Interpretations for Purpose of Disciplinary Action.

For the purposes of disciplinary action on the following grounds, the following interpretations apply:

- A. An offense involving moral turpitude includes an act of dishonesty, baseness, vileness or depravity in the private or social duties which a person owes to another person or to society contrary to the accepted and customary rule of right and duty between men.
- B. Gross negligence in carrying out usual medical functions includes a departure from established and customary standards of care which would have been exercised by a license physician or an act or omission where there is a legal duty to act or to refrain from acting. An exercise of so slight a degree of care as to justify the belief that there was a conscious or overt disregard or indifference for the health, safety, well-being or welfare of the public is considered a substantial departure from the accepted standard of care.

- C. Habitual intemperance or addiction to the use of any controlled substance includes the use of those substances to the extent that the person's judgment, skills or ability to provide safe and competent medical care are impaired, that he is unable to care for himself, his property or the member of his family, or that it is medically determined that he is in need of medical or psychiatric care, treatment, rehabilitation or counseling.
- D. Unfitness to practice medicine or mental incompetence includes an order of a court adjudging that a person is mentally incompetent, an evaluation by a qualified professional person indicating that he is mentally or physically incapable of engaging in the practice of medicine in a manner consistent with sound care of patient, or an uncorrected physical defect that precludes him from safe medical practice.
- E. Unprofessional conduct includes but not limited to, practicing in or aiding the following:
 - a) Violating any order of the Board;
 - b) Violating any Consent Agreement entered into with the Guam Board of Medical Examiners or other Medical Licensing Board;
 - c) Practicing fraud, forgery, deception or conspiracy in connection with an examination for licensure or an application;
 - d) Not maintaining appropriate records whenever Schedule II drugs are prescribed. Appropriate records, at a minimum, shall contain the following:
 - 1. The patient's name and address;
 - 2. The date, drug name, drug quantity, and diagnosis for all Schedule II prescriptions;
 - 3. Records concerning the patients history.
 - e) Prescribing drugs for a habitual drug user in the absence of substantial medical justification;
 - f) Any departure from, or the failure to conform to, the minimal standards of acceptable and prevailing medical practice. Guidelines to be used by the Board in defining such standards may include, but are not restricted to:
 - 1. Diagnosis. Evaluation of a medical problem using means such as history, physical examination, laboratory and radiographic studies, when applicable.
 - 2. Treatment. Use of medication and other modalities based in generally accepted and approved indications, with

proper precautions to avoid adverse physical reactions, habituation or addition.

3. Records. Maintenance of records to furnish documentary evidence of the course of the patient's medical evaluation, treatment and response.
- g) Repeated prescribing of controlled drugs for personal or family use.
- h) Prescribing, ordering, dispensing, administering, selling or giving any amphetamine, sympathomimetic amine drug or compound designated as a Schedule II Controlled Substance under 9 GCA, Chapter 67, relating to controlled substances, to or for any person except:
 1. for treatment of any of the following:
 - (i) attention deficit disorder;
 - (ii) drug induced brain dysfunction;
 - (iii) narcolepsy;
 - (iv) epilepsy; or
 - (v) depression shown to be refractory to other treatment modalities.
 2. for the differential diagnostic psychiatric evaluation of depression; or
 3. for clinical investigation of the effects of such drugs or compounds; or
 4. when the applicant or licensee has received from the Board a written waiver as to the applicability of the other provisions of this paragraph to the applicant or licensee, which waiver may be granted by the Board under terms and conditions deemed appropriate by the Board but only if the written request for waiver received by the Board contains information necessary for the Board to determine that the grant of the waiver would legitimize acceptable medical purposes without undermining the purposes of this paragraph.
- i) Commission of any act of sexual intimacies, abuse, misconduct or exploitation related to the licensees' practice of medicine.
- j) Failure to comply with the provisions of 10 GCA, Chapter and Boards' administrative rules and regulations relating to informed consent, requiring that certain information be disclosed and that consent be obtained regarding any surgical procedure performed under general anesthesia, spinal

anesthesia, or major regional anesthesia or an amniocentesis diagnostic procedure or a diagnostic procedure which involves the intravenous injection of a contrast material.

- k) Violating statutes and rules relating to or regulating the practice of medicine including but not limited to the following:
 1. The Physicians Practice Act;
 2. The Guam Controlled Substance Act;
 3. The Federal Controlled Substance Act;
 4. The Guam Board of Medical Examiners Administrative Rules and Regulations;
 5. The Guam Board of Examiners in Pharmacy Administrative Rules and Regulations, in particular those relating to the prescribing and dispensing of drugs.
 6. Code of Federal Regulations Relating to Controlled Substance.
- l) Failing to conform to the recommendations of the Center for Disease Control (C.D.C.) for preventing transmission of Human Immuno-deficiency Virus and Hepatitis B Virus to patients during exposure-prone invasive procedures contained in Morbidity and Mortality Weekly Report 1991; 40 (No. RR-8); 1-9. It is the responsibility of all persons currently licensed by this Board to maintain familiarity with these recommendations, which are considered by the Board to be minimum standards of acceptable and prevailing medical practice.

Section 3: Reporting Possible Violations to the Board.

- A. Voluntary Reporting. Any person may report in writing to the Board any information that he or she has reason to believe indicates that a medical licensee is or may be medically incompetent, guilty of unprofessional conduct, or mentally or physically unable to engage safely in the practice of medicine, or that another violation of the Physicians Practice Act or the rules and regulations of the Board has occurred.
- B. Compulsory Reporting.
 - (a) The following persons and entities are required to report promptly in writing to the Board any information that indicates a medical licensee is or may be incompetent, guilty of unprofessional conduct, or mentally or physically unable to

engage safely in the practice of medicine, or that another violation of the Physicians Practice Act or the rules and regulations of the Board has occurred. They must also report any restriction, limitation, loss, or denial of a licensee's privileges or membership of which they are aware that involves patient care:

1. All physicians licensed under the Physicians Practice Act;
 2. All other health care providers licensed in Guam;
 3. The Guam Medical Society and its components;
 4. All hospitals and other health care institutions in Guam;
 5. All "State" agencies;
 6. All law enforcement agencies in Guam;
 7. All courts in Guam;
 8. All peer review bodies in Guam.
- (b) A medical licensee's voluntary resignation from the staff of a health care institution or voluntary limitation of his or her staff privileges at such an institution must be promptly reported to the Board by the institution and the licensee if that action occurs while the licensee is under formal or informal investigation by the institution or a committee thereof for any reason related to possible medical incompetence, unprofessional conduct, or mental or physical impairment.
- (c) Malpractice insurance carriers and affected licensees must file with the Board a report of each final judgment, settlement, or award against an insured licensee. Licensees not covered by malpractice insurance carriers must file the same information regarding themselves. All such reports must be filed within thirty (30) days.
- (d) Persons or entities required to report to the Board are subject to civil penalties {first violation \$5,000, second violation \$10,000 for failure to do so.

Section 4: Protected Communication.

Every communication made by or on behalf of any person or entity to the Board or to any person(s) designated by the Board relating to any investigation or the initiation of an investigation, whether by way of report, complaint, or statement, is privileged. This does not, however, prohibit a respondent or his or her legal counsel

from exercising the respondent's constitutional right of due process under the law.

Section 5: Immunity.

No action or proceeding, civil or criminal, is permitted against any person or entity by whom or on whose behalf a report, complaint, or statement is made to the Board in good faith.

Section 6: Board Response to Reports.

The Board will promptly acknowledge all reports received. Persons and entities making such reports will also be promptly informed of the results of the Board's disposition of matters reported.

ARTICLE VIII

PROCESS AND PROCEDURE

SECTION 1	....	INVESTIGATION
SECTION 2	....	STANDARD OF PROOF
SECTION 3	....	INFORMAL CONFERENCE
SECTION 4	....	SUMMARY SUSPENSION
SECTION 5	....	CEASE AND DESIST ORDERS/ INJUNCTIONS
SECTION 6	....	FORMAL HEARINGS ON DISCI- PLINARY MATTER: NOTICE, FAILURE TO APPEAR
SECTION 7	....	HEARINGS
SECTION 8	....	ACTIONS BY BOARD
SECTION 9	....	Board ACTION REPORTS

Section 1: Investigation.

- A. On its own initiative or upon receipt of information reported to it by others, the Board, its staff, or its designee(s) will investigate any evidence that appears to indicate that a medical licensee is or may be incompetent, guilty of unprofessional conduct, or mentally or physically unable to engage safely in the practice of medicine, or that another violation of the Physicians Practice Act or the rules and regulations of the Board has occurred. To ensure fairness, any person(s) engaged in the investigation of a specific case will not participate in the Board's adjudication of that case.
- B. If an investigation discloses that disciplinary action is not necessary or warranted for the protection of the public health, safety and welfare, the file on that investigation will be closed, but if new evidence is discovered, the matter may at any time be opened again and investigated further if circumstances so warrant.

- C. Unless a formal hearing is requested, complaints or controversies that do not justify or require formal proceedings may be considered and resolved by the Board through informal conferences, meetings, agreements or other informal action as may be appropriate under the circumstances. Such informal action is held without prejudice to the Board, and formal proceedings may be instituted subsequently by the Board for the same or related matters.

Section 2: Standard of Proof.

The Board will use preponderance of the evidence as the standard of proof in its role in trying fact.

Section 3: Informal Conference.

The Board at its discretion, may meet in informal, closed conference with an accused licensee who seeks, or agrees to such a conference. Disciplinary action taken against a licensee as a result of an informal conference and agreed to in writing by the Board and the accused licensee is binding and a matter of public record. The holding of an informal conference does not preclude an open hearing if the Board believes that is necessary. Open hearings are required when dealing with questions of license revocations or suspension.

Section 4: Summary Suspension.

The Board may summarily suspend a medical license prior to a formal hearing when it believes such action is required due to imminent threat to public health and safety or when a licensee is convicted of a gross misdemeanor or felony, or enters a guilty or nolo contendere plea to a gross misdemeanor or felony charge. If the Board believe such prompt action is required, the Board may summarily suspend a license by means of a vote conducted by telephone conference call, or other electronic means. Proceedings for a formal hearing will be instituted simultaneously with summary suspension. The hearing will be set within thirty days of the date of the summary suspension. No court is empowered to lift or otherwise interfere with such suspension while the Board proceeds in a timely fashion. The Board shall provide a brief summary at the request of the court.

Section 5: Cease and Desist Orders/Injunctions.

The Board will issue a cease and desist order and/or obtain an injunction to restrain any person or any corporation or association and its officers and directors from violating the provisions of the Physicians Practice Act. Violation of an injunction is punishable as contempt of court. No proof of actual damage to any person is required for issuance of a cease and desist order and/or an injunction, nor should issuance of an injunction relieve those enjoined from criminal prosecution for violation of the Physicians Practice Act.

Section 6: Formal Hearing On Disciplinary Matter: Notice, Failure to Appear.

- A. At least 20 days before a hearing on any formal disciplinary matter, the notice of the hearing will be mailed to the person named in the complaint by certified mail to the last known address shown on the records of the Board.
- B. If the respondent fails to appear at the hearing or fails to reply to the notice, the charges specified in the complaint may be considered as true.

Section 7: Hearings.

The Board is not bound by strict rules of procedure; stenographic notes or oral proceeding; record of charges and evidence.

- A. The Board will not be bound by strict rules of procedure in the conduct of its proceedings.
- B. A request by any party that oral proceedings, or any part thereof, be taken in the form of stenographic notes must be submitted five (5) work days before the hearing and those notes may be transcribed at his own expense.
- C. A record of the charges and a record of all evidence produced will be filed in the office of the Board.

Section 8: Actions By Board.

- A. Surrender of License.
 - (a) Based on the evidence presented at the hearing, the Board will do one of the following: (As provided in Act)

- 1. Dismiss the complaint.
 - 2. Reprimand the licensee or holder of a certificate.
 - 3. Deny licensure or certification.
 - 4. Deny renewal or re-issuance of a license or certificate.
 - 5. Suspend the license or certificate and order its surrender.
 - 6. Revoke the license or certificate and order its surrender.
 - 7. Enter an order of suspension or revocation but stay the order for good cause subject to probation for a designated period.
 - (b) If the Board takes any of these actions, the licensee or certificate holder must physically surrender his license or certificate to the Board.
- B. Stay an Order for Revocation or Suspension of License.
 - (a) If the Board stays an order for revocation or suspension of a license, subject to probation for a designated period, the Board will determine such conditions as it considers appropriate to regulate, monitor or supervise, or any combination thereof, the practice of the licensee during the period of probation. These terms may include, but are not limited to, the following:
 - 1. Informing the Board of the name and address of his employer.
 - 2. Evaluations of his performance submitted to the Board by the employer at designated intervals from three (3) to six (6) months.
 - 3. Counseling with a qualified professional counselor until the counselor determines that the need for counseling no longer exists.
 - 4. Reports submitted to the Board by the counselor at designated intervals.
 - 5. Submitting self-evaluation reports at designated intervals.
 - 6. Reports of random screening for alcohol and drugs, submitted at designated intervals.
 - 7. Meeting with the Board at designated intervals.
 - 8. Working under supervision as approved by the Board.
 - (b) Before expiration of the period of probation, the file and reports concerning the licensee or holder of a certificate may be reviewed and evaluated by the Board and action may be taken to reinstate the license or certificate. If at any time the Board determines that the terms of probation are violated or that the progress and performance under the probation are

unsatisfactory, the period of probation may be extended summarily or the order of suspension or revocation may be invoked summarily.

C. Request for Hearing.

- (a) Within 10 days after receipt of an order of the Board, a person may request by certified letter, a reconsideration or rehearing based on the following grounds:
 1. Newly discovered or available relevant evidence.
 2. Error in the proceeding or decision of the Board that would be grounds for reversal or judicial review of the order.
 3. The need in the public interest for further consideration of the issues and the evidence.
- (b) The Board will deny the request, order a rehearing or reconsideration or direct such other proceeding as it considers appropriate.
- (c) The hearing will be confined to those grounds upon which reconsideration or the rehearing was ordered.

D. Re-issuance of License.

- (a) In considering the re-issuance of a license which has been revoked, the Board will evaluate;
 1. The severity of the act which resulted in revocation of the license;
 2. The conduct of the applicant subsequent to the revocation of the license;
 3. The lapse of time since revocation;
 4. The degree of compliance with all conditions the Board may have stipulated as a prerequisite for re-issuance of the license;
 5. The degree of rehabilitation attained by the applicant as evidence by statements to the Board from qualified people who have professional knowledge of the applicant; and
 6. Whether the applicant has violated any applicable state or federal law or regulation.
- (b) The applicant may be requested to appear before the Board.
- (c) After evaluation the Board will deny or grant the re-issuance of the license or certificate.

Section 9: Board Action Reports.

The Board's final disciplinary actions and license denials, including related findings of fact and conclusions of law, shall be matters of public record. Such actions and denials shall be reported to the Board Action Data Bank of the Federation of State Medical Boards of the United States within thirty (30) days of the action taken, to the National Practitioner Data Bank and other applicable medical Boards. Voluntary surrender of and voluntary limitation(s) on the medical license of any person shall also be matters of public record and is reported to the Federation of State Medical Boards of the United States and to any other data repository required by law.



GUAM BOARD OF MEDICAL EXAMINERS

APPROVAL

Proposed Administrative Rules and Regulations for
P.L. 24-208 Physicians Practice Act

MEMBERS

DATE

Robert Leon Guerrero M.D.
ROBERT LEON GUERRERO, M.D.
Chairperson

7/17/01

Vincent Duenas M.D.
VINCENT DUENAS, M.D.
Vice Chairperson

7/17/01

Maria A. Cameron
MARIA CAMERON
Secretary

7-17-01

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CONSOLACION TRINIDAD, M.D.
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7-17-01

John Steele
JOHN STEELE, M.D.
Member

July 17/01

Davina Lujan M.D.
DAVINA LUJAN, M.D.
Member

7/17/01

G. G. SAGISI, M.D.
G. G. SAGISI, M.D.
Member